

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

B U L L E T I N N O.: 07-50

FROM: Joseph Patrissi, Deputy Commissioner
Economic Services Division

DATE: December 6, 2007

SUBJECT: 1/1/08 Standards Changes for Health Care Programs

CHANGES ADOPTED EFFECTIVE 1/1/08

INSTRUCTIONS

MANUAL REFERENCE(S):

P-2420
P-2740

 X Maintain Manual - See instructions below.
 Proposed Regulation - Retain bulletin
and attachments until you receive
Manual Maintenance Bulletin:
 Information or Instructions - Retain
until

This bulletin revises income standards for Medicaid and other health care programs based on the consumer price index (CPI) and federal poverty level (FPL). Because the FPL is not published until February or March, DCF uses a forecast in January to update the DCF income standards based on the FPL. When the FPL is published, if it is higher than DCF's forecast, DCF will revise these income standards in April.

The bulletin also revises SSI/AABD payment maximums and other standards based on the federal cost-of-living adjustment (COLA).

The following standards change on January 1, 2008:

- Protected income levels (PILs) for individuals in the community
- Income standards for health care programs based on the federal poverty level
- Eligibility maximums for QMB, SLMB, QI, and QDWI
- SSI/AABD payment levels
- Institutional income standard
- Substantial Gainful Activity (SGA) limit
- Community spouse resource allocation maximum for Long-Term Care (LTC)
- SSI federal benefit payment rate
- Pickle deduction percentage chart
- Home upkeep deduction
- Allocations to community spouse for LTC (3 changes)
- Allocation to each family member living with a community spouse for LTC
- Community maintenance allowance in the home-and-community-based waiver programs
- Medicare copayments for nursing home care
- SSI/AABD payment maximums
- AABD-Essential Person payment maximums

Vertical lines in the left margin indicate significant changes.

Manual Maintenance

Medicaid Procedures

Remove

Insert

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AABD Procedures

Remove

Insert

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P-2420 A

P-2420 Eligibility Determination for Medicaid**A. General Introduction**

Use the following standards to determine eligibility and premiums for health care programs. Income standards for most programs are based on a forecast derived from the federal poverty levels (FPLs) and updated January 1 each year. If the FPLs, which are not published until February or March, are higher than DCF's forecast, DCF will revise these income standards April 1.

B. Monthly Income Standards**1. Eligibility maximums for Medicaid and waiver programs, effective 1/1/08**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	M243 M350	N/A	\$883	\$883	\$1,058	\$1,200	\$1,350	\$1,450	\$1,625	\$1,766
PIL inside Chittenden County	M243 M350	N/A	\$950	\$950	\$1,133	\$1,266	\$1,425	\$1,525	\$1,691	\$1,841
Children age 7 - 18	M350	100%	\$871	\$1,171	\$1,471	\$1,771	\$2,071	\$2,371	\$2,671	\$2,971
VHAP VHAP-ESIA VHAP – Pharmacy VPharm 1	4001.84 4102.1 3301.74 3505.1	150%	\$1,307	\$1,757	\$2,207	\$2,657	\$3,107	\$3,557	\$4,007	\$4,457
VScript VPharm 2	3203 3505.1	175%	\$1,524	\$2,049	\$2,574	\$3,099	\$3,624	\$4,149	\$4,674	\$5,199
Transitional Medicaid VHAP VHAP-ESIA (parents, caretaker relative)	M302.21 4001.84 4102.1	185%	\$1,612	\$2,167	\$2,722	\$3,277	\$3,832	\$4,387	\$4,942	\$5,497
Dr. Dynasaur (pregnant women)	M302.27	200%	\$1,742	\$2,342	\$2,942	\$3,542	\$4,142	\$4,742	\$5,342	\$5,942
VScript Expanded VPharm 3	3201.64 3505.1	225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
Working people with disabilities (WPWD)	M200.24b	250%	\$2,178	\$2,928	\$3,678	\$4,428	\$5,178	\$5,928	\$6,678	\$7,428
Dr. Dynasaur (children under 18) ESIA CHAP	M302.26 4102.3 4102.4	300%	\$2,613	\$3,513	\$4,413	\$5,313	\$6,213	\$7,113	\$8,013	\$8,913
Healthy Vermonters (any age)	3401.54	350%	\$3,048	\$4,098	\$5,148	\$6,198	\$7,248	\$8,298	\$9,348	\$10,398
Healthy Vermonters (aged, disabled)	3401.54	400%	\$3,484	\$4,684	\$5,884	\$7,084	\$8,284	\$9,484	\$10,684	\$11,884

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/08

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	M200.41	100%	871	1,171
Specified Low-Income Medicare Beneficiaries (SLMB)	M200.43	120%	1,045	1,405
Qualified Individuals - 1 (QI-1)	M200.44	135%	1,176	1,581
Qualified Disabled and Working Individuals (QDWI)	M200.42	200%	1,742	2,342

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**3. Ranges for premiums, effective 1/1/08**

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP/VHAP-ESIA-UA, U1, UB, U2/ZA No fee	4001.91	> 0 ≤ 50%	\$436	\$586	\$736	\$886	\$1,036	\$1,186	\$1,336	\$1,486
VHAP/VHAP-ESIA - UC, U3/ZA \$7/person/month	4001.91	> 50 ≤ 75%	\$654	\$879	\$1,104	\$1,329	\$1,554	\$1,779	\$2,004	\$2,229
VHAP/VHAP-ESIA - UC, U3/ZA \$25/person/month	4001.91	> 75 ≤ 100%	\$871	\$1,171	\$1,471	\$1,771	\$2,071	\$2,371	\$2,671	\$2,971
VHAP/VHAP-ESIA-UD, U4, UE, U5/ZA \$33/person/month	4001.91	> 100 ≤ 150%	\$1,307	\$1,757	\$2,207	\$2,657	\$3,107	\$3,557	\$4,007	\$4,457
VHAP/VHAP-ESIA - UF, U6/ZA \$49/person/month	4001.91	> 150 ≤ 185%	\$1,612	\$2,167	\$2,722	\$3,277	\$3,832	\$4,387	\$4,942	\$5,497
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$15/person/month	3303.1 3505.1	> 0 ≤ 150%	\$1,307	\$1,757	\$2,207	\$2,657	\$3,107	\$3,557	\$4,007	\$4,457
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$20/person/month	3203 3505.1	> 150 ≤ 175%	\$1,524	\$2,049	\$2,574	\$3,099	\$3,624	\$4,149	\$4,674	\$5,199
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$42/person/month	3203 3505.1	> 175 ≤ 225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
Dr. Dynasaur - C0, C4 No fee	M302.26 M302.27	> 0 ≤ 185%	\$1,612	\$2,167	\$2,722	\$3,277	\$3,832	\$4,387	\$4,942	\$5,497
Dr. Dynasaur (pregnant) - P1, P2 \$15/family/month	M302.27	> 185 ≤ 200%	\$1,742	\$2,342	\$2,942	\$3,542	\$4,142	\$4,742	\$5,342	\$5,942
Dr. Dynasaur (under 18) - C0, C4 \$15/family/month	M302.26 M302.27	> 185 ≤ 225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
Dr. Dynasaur (under 18) w/ins. - C3, C9 \$20/family/month Dr. Dynasaur (under 18) w/o ins. - C2, C6 \$40/family/month	M302.26	> 225 ≤ 300%	\$2,613	\$3,513	\$4,413	\$5,313	\$6,213	\$7,113	\$8,013	\$8,913
ESIA/CHAP – ZB/ZC \$60/person or \$120 /couple	4106.1 4107.1	≤ 200%	\$1,742	\$2,342	\$2,942	\$3,542	\$4,142	\$4,742	\$5,342	\$5,942
ESIA/CHAP – ZB/ZC \$90 /person or \$180 /couple	4106.1 4107.1	> 200% ≤ 225%	\$1,960	\$2,635	\$3,310	\$3,985	\$4,660	\$5,335	\$6,010	\$6,685
ESIA/CHAP – ZB/ZC \$110/person or \$220 /couple	4106.1 4107.1	> 225% ≤ 250%	\$2,178	\$2,928	\$3,678	\$4,428	\$5,178	\$5,928	\$6,678	\$7,428
ESIA/CHAP – ZB/ZC \$125/person or \$250 /couple	4106.1 4107.1	> 250% ≤ 275%	\$2,395	\$3,220	\$4,045	\$4,870	\$5,695	\$6,520	\$7,345	\$8,170
ESIA/CHAP – ZB/ZC \$135/person or \$270 /couple	4106.1 4107.1	> 275% ≤ 300%	\$2,613	\$3,513	\$4,413	\$5,313	\$6,213	\$7,113	\$8,013	\$8,913

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**4. SSI/AABD payment levels (2700)**

<u>Living Arrangement</u>		<u>Effective 1/1/08</u>	<u>1/1/07 – 12/31/07</u>
Independent Living	Individual	\$ 689.04	\$ 675.04
	Couple	1,054.88	1,032.88
Another's Household	Individual	463.97	454.64
	Couple	685.65	670.98
Residential Care Home w/ Assistive Community Care Level III	Individual	685.38	671.38
	Couple	1,052.77	1,030.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	904.13	890.13
	Couple	1,559.69	1,537.69
Residential Care Home Level IV	Individual	860.94	846.94
	Couple	1,518.06	1,496.06
Custodial Care Family Home	Individual	735.69	721.69
	Couple	1,288.82	1,266.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

5. Institutional income standard for long-term care (M243.5)

<u>Effective 1/1/08</u>		<u>1/1/07 – 12/31/07</u>	
Individual	\$1,911.00	Individual	\$1,869.00
Couple	\$3,822.00	Couple	\$3,738.00

6. Personal needs allowance for long-term care (M432.1)

Individual	\$47.66
Couple	\$95.33

7. Substantial Gainful Activity (SGA) income limit (M211.21)

<u>Effective 1/1/08</u>	
Blind	\$1,570
Disabled	\$ 940

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Individual	\$5000
Couple	\$6000

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P-2420 D1

P-2420 Eligibility Determination for MedicaidD. Other Standards**1. SSI Federal Benefit Payment Rate (M222, M243.1, M243.2)**

These are used when determining the eligibility of SSI-related adults, allocations to ineligible children and parents, and the amount of income deemed to SSI-related child applicants.

	<u>Effective 1/1/08</u>	<u>1/1/07- 12/31/07</u>
Individual	\$637 per month	\$623 per month
Couple	\$956 per month	\$934 per month
Ineligible child	\$319 per month	\$311 per month

2. Business Expenses - Providing Room and/or Board

Use either A or B below, whichever is the higher amount, for the business expense deduction:

A. Standard monthly deduction, as follows:

Room - Scaled according to the size of the group.

Board - Equal to the thrifty food plan allowance for the group size.

Effective 10/1/07

		<u>Group Size</u>					
<u>ACCESS</u>							
<u>Code</u>	<u>Type</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6+</u>
1	Room Only	131	241	344	438	520	624
2	2/3 Board	108	199	284	361	429	515
3	Board Only	162	298	426	542	643	772
4	Room and 2/3 Board	239	440	628	799	949	1139
5	Room and Board	293	539	770	980	1163	1396

B. The actual documented amount of business expenses for room and/or board providing the amount does not exceed the income received from the roomers and boarders.

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P-2420 D3

P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)**5. Employment Expense Deduction, ANFC-related Medicaid only (M352.3)**Effective 10/1/89

\$90 per earner per month

6. Pickle Deduction Percentage Chart

See procedures at P-2421 B #1b for determining entitlement to the Pickle deductions.

Effective 1/1/08 to 12/31/08

4/77-6/77	0.7177	1/85-12/85	0.4883	1/93-12/93	0.3173	1/01-12/01	0.1667
7/77-6/78	0.7010	1/86-12/86	0.4724	1/94-12/94	0.2996	1/02-12/02	0.1451
7/78-6/79	0.6816	1/87-12/87	0.4655	1/95-12/95	0.2800	1/03-12/03	0.1331
7/79-6/80	0.6501	1/88-12/88	0.4431	1/96-12/96	0.2612	1/04-12/04	0.1149
7/80-6/81	0.6000	1/89-12/89	0.4208	1/97-12/97	0.2398	1/05-12/05	0.0910
7/81-6/82	0.5552	1/90-12/90	0.3936	1/98-12/98	0.2239	1/06-12/06	0.0537
7/82-12/83	0.5223	1/91-12/91	0.3609	1/99-12/99	0.2138	1/07-12/07	0.0225
1/84-12/84	0.5056	1/92-12/92	0.3372	1/00-12/00	0.1949		

7. Home Upkeep Deduction, Long-Term Care (M432.2 and P-2430 E)

Effective 1/1/08
\$516.78

1/1/07 – 12/31/07
\$506.28

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P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)**8. Allocation to Community Spouse - Long-Term Care (M432.31 and P-2430 E)**

- a. Maximum income allocation. If actual verified housing costs excluding fuel and utilities are greater than the base housing cost, allow up to the maximum allocation.

<u>Effective 1/1/08</u>	<u>(10/1/07 – 12/31/07)</u>
\$2,610.00	\$2,541.00

- b. Standard income allocation. (Maintenance income standard) This is 150 percent of the current poverty level for 2 people.

<u>Effective 1/1/08</u>	<u>(10/1/07 – 12/31/07)</u>
\$1,757.00	\$1,712.00

- c. Shelter standard This is 30 percent of the maintenance income standard in paragraph b, above.

<u>Effective 1/1/08</u>	<u>(10/1/07 – 12/31/07)</u>
\$ 528.00	\$ 514.00

1. Fuel and utility standard. Current food stamp fuel and utility standard is on page P-2590 A1.

<u>Effective 10/1/07</u>	<u>(10/1/06 – 9/30/07)</u>
\$ 572.00	\$ 557.00

2. Base housing cost

<u>Effective 1/1/06</u>	<u>(10/1/05 – 12/31/05)</u>
\$ 0.00	\$ 9.00

9. Allocation to Each Family Member Living with a Community Spouse - Long-Term Care (M432.3) This is the maximum allocation if family member has no income.

<u>Effective 01/1/08</u>	<u>(1/1/07 – 12/31/07)</u>
\$ 585.67	\$ 570.67

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P-2420 D5

P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)

Allocation if family member has income:

- Maintenance income standard (P-2420 D#8b)
- Gross income of family member
- Remainder

Remainder ÷ by 3 = Allocation

10. Community Maintenance Allowance in the Home-and-Community-Based Waiver Program (P-2430 H)

<u>Effective 1/1/08</u>	<u>(1/1/07 – 12/31/07)</u>
\$ 950.00	\$ 925.00

11. Medicare Copayments for Nursing Home Care (P-2430 E)

For the 21st through 100th day that a Medicare eligible person is in a nursing home, Medicare will pay the daily costs in excess of the following patient co-payment:

<u>Effective 1/1/08</u>	<u>(1/1/07 – 12/31/07)</u>
\$ 128.00	\$ 124.00

12. Standard Deductions for Assistive Community Care Services (ACCS) and Personal Care Services (PCS) (M421.23) (M421.24) (P-2421 D)

	<u>Effective 1/1/03</u>	<u>10/1/00 - 12/31/02</u>
ACCS	\$ 27.00 per day; \$ 810.00 per month	\$ 600.00 per month
PCS	\$ 17.83 per day; \$ 535.00 per month	\$ 396.00 per month

13. Average Cost to a Private Patient of Nursing Facility Services (M440.42)

This amount is used to calculate a penalty period for an individual in a nursing home or in the home-and-community-based waiver program.

<u>Effective 10/1/07</u>
\$ 6481.20 per month
\$ 216.04 per day

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P-2740 A

P-2740 Payment MaximumsA. SSI/AABD Payment Maximums (2700)

Living Arrangement		<u>Effective 1/1/08</u>			<u>1/1/07 - 12/31/07</u>		
		<i>SSI Share</i>	<i>AABD Share</i>	<i>Total</i>	<i>SSI Share</i>	<i>AABD Share</i>	<i>Total</i>
Independent Living	Individual	\$ 637.00	\$52.04	\$ 689.04	\$ 623.00	\$52.04	\$ 675.04
	Couple	\$ 956.00	\$98.88	\$1,054.88	\$ 934.00	\$98.88	\$1,032.88
Another's Household	Individual	\$ 424.67	\$39.30	\$ 463.97	\$ 415.34	\$39.30	\$ 454.64
	Couple	\$ 637.34	\$48.31	\$ 685.65	\$ 622.67	\$48.31	\$ 670.98
Residential Care Home w/ Assistive Community Care Level III	Individual	\$ 637.00	\$48.38	\$ 685.38	\$ 623.00	\$48.38	\$ 671.38
	Couple	\$ 956.00	\$96.77	\$1,052.77	\$ 934.00	\$96.77	\$1,030.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	\$ 637.00	\$267.13	\$ 904.13	\$ 623.00	\$267.13	\$ 890.13
	Couple	\$ 956.00	\$603.69	\$1,559.69	\$ 934.00	\$603.69	\$1,537.69
Residential Care Home Level IV	Individual	\$ 637.00	\$223.94	\$ 860.94	\$ 623.00	\$223.94	\$ 846.94
	Couple	\$ 956.00	\$562.06	\$1,518.06	\$ 934.00	\$562.06	\$1,496.06
Custodial Care Family Home	Individual	\$ 637.00	\$ 98.69	\$ 735.69	\$ 623.00	\$ 98.69	\$ 721.69
	Couple	\$ 956.00	\$332.82	\$1,288.82	\$ 934.00	\$332.82	\$1,266.82
Long-term Care	Individual	\$ 30.00	\$ 17.66	\$ 47.66	\$ 30.00	\$ 17.66	\$ 47.66
	Couple	\$ 60.00	\$ 35.33	\$ 95.33	\$ 60.00	\$ 35.33	\$ 95.33

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P-2740 B

P-2740 Payment Maximums (Continued)B. AABD-EP Payment Maximums (2754)100 Percent Payment Maximum

	<u>Effective 1/1/08</u>	<u>1/1/07- 12/31/07</u>
Independent living with essential person		
Individual	\$1,054.88	\$ 1,032.88
Couple	\$1,226.69	\$ 1,204.69
Living in another's household with ineligible spouse	\$ 689.04	\$ 675.04

67 Percent Payment Maximum

	<u>Effective 1/1/08</u>	<u>1/1/07- 12/31/07</u>
Independent living with essential person		
Individual	\$ 934.15	\$ 914.79
Couple	\$1,169.99	\$1,147.99
Living in another's household with ineligible spouse	\$ 614.77	\$ 602.31

34 Percent Payment Maximum

	<u>Effective 1/1/08</u>	<u>1/1/07- 12/31/07</u>
Independent living with essential person		
Individual	\$ 813.43	\$ 796.71
Couple	\$1,113.30	\$1,091.30
Living in another's household with ineligible spouse	\$ 540.49	\$ 529.57